

Wealth Creation Application
BENEFICIARY INFORMATION

Application	Date of Birth:	
Full Name:	Suffix: <input type="checkbox"/> Junior <input type="checkbox"/> Senior	
Street Address:		
City / Suburb:	State:	Postcode:
Email:	Phone:	

APPLICATION DETAILS

Total Funds Requested:	\$	<i>Note: Max \$20,000 per beneficiary per year</i>
Purpose of Funds:	<input type="checkbox"/> Business <input type="checkbox"/> Superannuation <input type="checkbox"/> Mortgage / Property Purchase <input type="checkbox"/> Home Improvement / addition <input type="checkbox"/> Rent	

SUPPORTING DOCUMENTATION
THE FOLLOWING DOCUMENTATION MUST BE PROVIDED:

BUSINESS (New or Existing):	<ul style="list-style-type: none"> - <u>ABN</u> or other business registration documents - Details of business structure (Sole Trader/Partnership/Company/Trust) - <u>Business Plan</u> (detailing business activity & beneficiaries role within business) <p><i>Note: A beneficiary who has received a business grant must acquit for how the funds were spent previously before any additional grants will be considered in next financial year.</i></p>
MORTGAGE/PROPERTY PURCHASE	<p>Mortgage: Bank account details of applicants home loan account; Note: home loan account must be in the name of the beneficiary making the application.</p> <p>Period of Payment:</p> <p>Month of: OR/...../..... to/...../.....</p> <hr/> <p>Property purchase: Address of property being purchased:</p> <hr/> <ul style="list-style-type: none"> • Offer and Acceptance form to purchase; duly completed by all parties • Finance (if required) approval from your banking institution • Settlement Agent details, including banking details. <p><i>Note: Payment can only be made directly to the Settlement Agent at time of settlement.</i></p>

**PERSONAL
SUPERANNUATION:**

- Copy of latest superannuation member statement including BPay details to make **personal non concessional contribution**.
- If a Self-Managed Super Fund, you will need member balance statement, financial statements (professionally prepared) and bank account details.

Name of Superannuation Fund: _____

Membership Number: _____

**RENT or
HOME IMPROVEMENT /
ADDITION**

RENT:

- Supplier bank details (Lessor/Real Estate Agent)
- Lease agreement confirming beneficiary resides at address specified
- Date from/...../..... to/...../.....

Please note we can only pre- pay 4 weeks in advance

HOME IMPROVEMENT / ADDITION:

- Supplier quote and bank details; or
Supplier receipt and your bank statement (showing you paid for works that you are seeking reimbursement for)

I am not eligible for benefits from any other funding source in relation to this account (e.g. another Trust or a Government agency).

Beneficiary Signature: **Date:** / /

NOTE: Please keep a record of your receipts as Business Grant recipients will be asked to account for how these funds were spent as per the Yinhawangka Direct Benefits Trust Deed.

Please send completed forms and supporting documents to Mutual Trust by:

Fax: (08) 9230 7701 **Email:** perthadmin@mutualtrust.com.au

Mail: Mutual Trust, PO Box 307, CLAREMONT WA 6910

If you have any queries, please contact us on (08) 9230 7700